

Incident Field Notes

DATE / /	ALARM TIME :	ARRIVAL TIME :	CONTROL TIME :	LAST UNIT CLEARED :	INCIDENT #	EXPOSURE #													
<div style="display: flex;"> <div style="width: 20%;"> LOCATION <input type="checkbox"/> Exact Location <input type="checkbox"/> Intersection <input type="checkbox"/> Front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to </div> <div style="width: 80%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="text"/> Number </div> <div style="width: 40%;"> <input type="text"/> Street or Highway </div> <div style="width: 30%;"> <input type="text"/> City </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 20%;"> <input type="text"/> Apt/Room </div> <div style="width: 30%;"> <input type="text"/> State </div> <div style="width: 20%;"> <input type="text"/> Zip Code </div> </div> <input type="text"/> Cross Streets or Directions </div> </div>																			
INCIDENT TYPE (Situation Found) <input type="text"/>		AID GIVEN OR RECEIVED <input type="checkbox"/> Mutual Aid Received <input type="checkbox"/> Automatic Aid Received <input type="checkbox"/> Mutual Aid Given <input type="checkbox"/> Automatic Aid Given <input type="checkbox"/> Other Aid Given <input type="checkbox"/> None		ACTIONS TAKEN <input type="text"/> Primary Action Taken <input type="text"/> Additional Action Taken (1) <input type="text"/> Additional Action Taken (2)		RESOURCES <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;">Apparatus</td> <td style="width: 30%; text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>EMS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Other</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			Apparatus	Personnel	Suppression	<input type="text"/>	<input type="text"/>	EMS	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
	Apparatus	Personnel																	
Suppression	<input type="text"/>	<input type="text"/>																	
EMS	<input type="text"/>	<input type="text"/>																	
Other	<input type="text"/>	<input type="text"/>																	
ESTIMATED DOLLAR LOSS LOSSES Property \$ <input type="text"/> Contents \$ <input type="text"/> PRE-INCIDENT VALUE Property \$ <input type="text"/> Contents \$ <input type="text"/>		CASUALTIES <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Death</td> <td style="width: 10%; text-align: center;">Injury</td> </tr> <tr> <td>Fire Service</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Civilian Fire</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Civilian EMS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			Death	Injury	Fire Service	<input type="text"/>	<input type="text"/>	Civilian Fire	<input type="text"/>	<input type="text"/>	Civilian EMS	<input type="text"/>	<input type="text"/>	DETECTORS (Required for Confined Fires Only) <input type="checkbox"/> Detector Alerted Occupants <input type="checkbox"/> Detector Did Not Alert Occupant <input type="checkbox"/> Unknown		PROPERTY USE <input type="text"/> SPECIAL STUDY <input type="checkbox"/> <input type="checkbox"/>	
	Death	Injury																	
Fire Service	<input type="text"/>	<input type="text"/>																	
Civilian Fire	<input type="text"/>	<input type="text"/>																	
Civilian EMS	<input type="text"/>	<input type="text"/>																	
HAZARDOUS MATERIALS RELEASE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> NONE <input type="checkbox"/> NATURAL GAS: slow leak, no evacuation or HazMat action <input type="checkbox"/> PROPANE GAS: <21 LB. (as in home BBQ grill) <input type="checkbox"/> GASOLINE: vehicle fuel tank or portable container <input type="checkbox"/> KEROSENE: fuel burning equipment or portable storage </div> <div style="width: 45%;"> <input type="checkbox"/> DIESEL FUEL/FUEL OIL: vehicle tank or portable storage <input type="checkbox"/> HOUSEHOLD SOLVENTS: home/office spill, cleanup only <input type="checkbox"/> MOTOR OIL: from engine or portable container <input type="checkbox"/> PAINT: from paints cans totaling <55 gallons <input type="checkbox"/> OTHER: Special HazMat actions required or spill > 55 gallons </div> </div>																			
MIXED USE PROPERTY <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Not Mixed <input type="checkbox"/> Assembly Use <input type="checkbox"/> Educational Use <input type="checkbox"/> Medical Use <input type="checkbox"/> Residential Use <input type="checkbox"/> Row of Stores <input type="checkbox"/> Enclosed Mall <input type="checkbox"/> Business & Residential <input type="checkbox"/> Office Use </div> <div style="width: 45%;"> <input type="checkbox"/> Industrial Use <input type="checkbox"/> Military Use <input type="checkbox"/> Farm Use <input type="checkbox"/> Other Mixed Use </div> </div>																			
OCCUPANT/PARTY INVOLVED NAME (LAST, FIRST, MIDDLE)			ADDRESS/CITY/ZIP CODE		TELEPHONE														
OWNER NAME (LAST, FIRST, MIDDLE)			ADDRESS/CITY/ZIP CODE		ROOM / APT #														
					TELEPHONE														
NOTES: <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>																			

COMPLETE THIS SIDE FOR ALL INCIDENTS - COMPLETE BOTH SIDES FOR ALL FIRES

Rev 11/2001